

# The National Breast and Cervical Cancer Early Detection Program



The **National Breast and Cervical Cancer Early Detection Program** helps low-income, uninsured, and underserved women gain access to lifesaving early detection screening programs for breast and cervical cancers.

Many deaths from breast and cervical cancers—which will occur disproportionately among women who are uninsured or underinsured—could be avoided by increasing cancer screening rates among all women at risk. Mammograms and Papanicolaou (Pap) tests are underused by women who have less than a high school education, are older, live below the poverty level, or are members of certain racial and ethnic minority groups.

Studies show that early detection of breast and cervical cancers saves lives. Timely mammography screening among women aged 40 or older could prevent 15% to 30% of all deaths from breast cancer. Detection and treatment of precancerous lesions found during a Pap test can actually prevent

cervical cancer, as well as find cervical cancer at an early stage when it is most curable.

**Mammography** is the best available method to detect breast cancer in its earliest, most treatable stage—an average of 1 to 3 years before the woman can feel the lump. Women aged 40 years of

age and older should have routine mammograms every 1 to 2 years.

**Cervical cancer screening** using the Pap test detects not only cancer but also precancerous lesions. Women should begin getting a Pap test with the onset of sexual activity, but no later than 18 years of age.

## The Facts

### Breast Cancer

*Except for skin cancer, breast cancer is the most commonly diagnosed cancer among American women.*

*It is second to lung cancer as the leading cause of cancer-related death.*

*In 2002, an estimated 203,500 new cases will be diagnosed among women.*

*In 2002, an estimated 39,600 women will die of this disease.*

*If detected early, the 5-year survival rate for localized breast cancer is 96%.*

### Cervical Cancer

*The incidence of invasive cervical cancer has gone down significantly over the last 40 years, in large part because of screening for and treatment of precancerous cervical lesions.*

*In 2002, an estimated 13,000 new cases will be diagnosed.*

*In 2002, an estimated 4,100 women will die of this disease.*

*Routine screening for cervical cancer can prevent the disease.*

Source: American Cancer Society, *Cancer Facts and Figures 2002*.

## CDC Activities Target Early Detection

To help improve access to early detection screening for breast and cervical cancers for underserved women, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, which created the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP). This program, currently funded at \$192.6 million, provides both screening and diagnostic services, including

- Clinical breast exams
- Mammograms
- Pap tests
- Surgical consultation
- Diagnostic testing for women whose screening outcome is abnormal

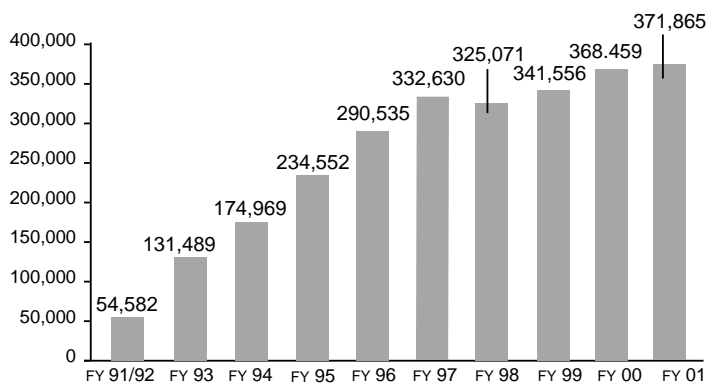
Over the last 12 years, the Program has grown and is now in all 50 U.S. States, 6 U.S. Territories, the District of Columbia, and 14 American Indian/Alaska Native organizations.

To date, it has

- Screened almost 1.5 million women.
- Provided more than 3.5 million screening exams.
- Diagnosed more than 9,000 breast cancers; 48,170 precancerous cervical lesions; and 831 cervical cancers.

The NBCCEDP is improving health care for underserved women through outreach, public and professional education, improved access to services, diagnostic evaluation, case management, treatment services, and quality assurance measures. Examples of the Program's work are provided in the following sections.

### Number of Women Served by the NBCCEDP, 1991–2001



Total number of women ever served = 1,440,455.

Served indicates that a woman received at least one Program Pap, mammogram, or clinical breast exam in the fiscal year.

Source: Minimum Data Elements through 09/30/2001 paid with NBCCEDP funds, National Breast & Cervical Cancer Early Detection Program.

## Coalitions and Partnerships: Reaching Underserved Women

CDC funds a network of partners to develop interventions that increase access to and use of screening services among underserved women. Many state programs have joined with nontraditional partners, including Native American tribal leaders, councils on aging, and church groups to offer education and outreach in community settings. The range of community partners and intervention strategies has expanded screening services to women on American Indian reservations and in rural and inner-city areas. For example—

With added support from Avon and the Susan G. Komen Foundation, the South Puget Intertribal Planning Agency's Native Women's Wellness Program has steadily increased its outreach to women in the five tribal communities in Washington state. Native American outreach workers and tribal health care providers have built a level of trust with the women in the community and are highly respected among this group. Their work continues to steadily increase the number of women screened through this program.



## Public Education and Outreach: Eliminating Barriers to Access

The NBCCEDP supports a variety of organizations to develop and implement effective outreach programs. These programs help women overcome barriers to screening, including fear of a cancer diagnosis, lack of transportation and child care, linguistic and cultural differences, and lack of physician referral. With CDC's leadership, significant progress has been made in teaching women about the benefits of screening and early detection. For example—

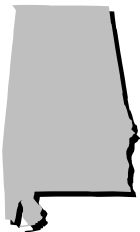
California Department of Health's Every Woman Counts Program launched the nation's first statewide Asian language breast cancer hotline, providing information in Chinese (Mandarin and Cantonese dialects), Korean, and Vietnamese languages (English and Spanish were already offered). A public awareness campaign "Every Woman Counts...Every Year!" ran radio and print public service announcements in Mandarin, Cantonese, Korean, and Vietnamese publicizing the available hotline. The number of calls to the hotline increased more than 200%.



### Professional Education: Enhancing Health Care at the Source

Through professional education services, the NBCCEDP's state, territorial, and tribal programs educate a wide range of health care professionals—including physicians, nurses, radiology technologists, and cytologists—on the key roles they play in the early detection of breast and cervical cancers. For example—

Alabama's Breast and Cervical Cancer Early Detection Program (ABCCEDP) produces multiple professional education conferences by satellite every year. In September 2001, they aired a video conference on the Alabama Medicaid Breast and Cervical Cancer Treatment Program. The satellite broadcast reached hundreds of health professionals with information about the treatment program. The ABCCEDP continues to receive inquiries for information on this broadcast.



### Screening, Tracking, Follow-Up, and Case Management

The NBCCEDP provides national guidance on screening techniques, diagnostic skills, and case management to ensure current techniques and best practices are used. Case management consists of making sure a woman is screened, rescreened, accesses appropriate follow-up care if she has an abnormal test result, and receives appropriate treatment if she is diagnosed with cancer. Case managers also may help women navigate the health care system (e.g., make sure transportation is available, work with physicians to obtain free or reduced-cost services). For example—

Case managers with the Missouri Department of Health and Senior Services' Breast and Cervical Cancer Control Program (BCCCP) collaborate with organizations to provide resources and support for individuals and their families affected by breast cancer. In one instance, a case manager helped a woman who was unemployed and depressed and who needed chemotherapy. The BCCCP case manager sought help from several organizations, including the Breast Cancer Foundation of the Ozarks, which paid the woman's rent and utilities for 3 months. The American Cancer Society provided



a wig and other types of support. The woman finished treatment and is doing well in her own home. Through the work of the Missouri BCCCP case manager, the woman received much needed support during a difficult time.

### Quality Assurance for Screening and Follow-Up

Health agencies that participate in the NBCCEDP use mammography facilities certified by the American College of Radiology and Cytology and laboratories that follow the Clinical Laboratory Improvement Amendments of 1988. CDC provides screening and diagnostic guidelines to all programs and helps them evaluate their clinical services. With CDC's guidance, all programs develop strategies to ensure that all women receive the best care possible. For example—

Oregon's Breast and Cervical Cancer Early Detection Program has created a database that tracks and documents communication between state and local providers to ensure that women needing diagnostic evaluation receive quality care. Annual chart reviews are done to validate data previously reported to the state by local providers. The Oregon Program has also developed a case management handbook that provides standardized guidance information on the expectations and basic elements of case management. This helps to ensure the consistency and quality of services provided throughout Oregon's decentralized state health care system.



### Enhancing Treatment Services

In 2000, the Breast and Cervical Cancer Treatment and Prevention Act was passed to help provide treatment to women enrolled in the NBCCEDP and who are diagnosed with a breast or cervical cancer or precancer. This landmark legislation gives states the option to provide Medicaid coverage for treatment services to women enrolled in the NBCCEDP who have been diagnosed with cancer or precancerous lesions. CDC's partnership with the Centers for Medicare and Medicaid Services has helped states receive approval from the U.S. Department of Health and Human Services for the Medicaid option in their state. (For a current list of approved states, see the NBCCEDP Web site at <http://www.cdc.gov/cancer/nbccedp/law106-354.htm>.)

## CDC's Research Activities

CDC conducts research to develop more effective strategies to improve the communication, education, outreach, and outcomes of its breast and cervical cancer control activities. Examples include the following:

- **Mammography Rescreening Rates and Risk Factor Assessments**—This four-state study is designed to obtain scientifically valid and statistically precise estimates of mammography rescreening rates among the NBCCEDP enrollees and identify factors that influence rescreening behavior. The study also looks at why women do not return for rescreening. Data collection is complete and data analysis is underway. Results are expected in early 2003.
- **Breast Cancer Data Quality and Patterns of Care Study**—This study will sample female patients in seven states and the District of Columbia who received a diagnosis of localized breast cancer in 1997 and 1998 to determine quality of data collected and patterns of care (PoC) received. It will compare data newly collected from medical records with data routinely collected for central cancer registries. Information on the first course of treatment, health insurance type, stage of cancer at diagnosis, and other data will be compared. Results from CDC's PoC are expected by December 2005. This study is part of the larger CONCORD study, which is looking at differences in cancer survival between the United States, Canada, and European countries.
- **Case-Control Study of Mammography Efficacy**—This is an adjunct to a large, multi-center, case-control study of risk factors for breast cancer among women aged 35 to 64 years of age. This part of the study is designed to assess the efficacy of screening mammography. Because the assessment of efficacy depends on the accuracy of women's self-reported mammography histories, an initial validation study to compare self-reported mammography history with provider records has been done. CDC is working with the University of Pennsylvania on this project.
- **Cervical Cancer Screening Policy: Clinical and Economic Outcomes**—This study will conduct quantitative evaluation of cervical cancer screening policies and practices involving low-income women enrolled in the NBCCEDP. Decision-analysis, cost-effectiveness, and cost-utility modeling will be done using the NBCCEDP data. CDC is working with the University of California.
- **2000 National Health Interview Survey**—An analysis is being done of year 2000 National Health Interview Survey cancer data on breast cancer screening among American women. This CDC survey collects information from a representative sample of U.S. women. The data provide important insights into differences in breast cancer screening practices in different populations.
- **Economic Barriers to Preventive Cancer Screening**—This study will use data from the Behavioral Risk Factor Surveillance System to look at how income, insurance status, and the perception of cost as a barrier to medical care affects the probability of getting screened for breast and cervical cancers. The study will also look at the role of the NBCCEDP in changing behaviors of uninsured women toward accessing breast and cervical cancer screening services.

## Future Directions

By raising awareness about the importance of early detection and providing access to screening services, the NBCCEDP is estimated to reach approximately 18% of women 50 years of age and older who are eligible for the Program. CDC will continue working with an array of partners to increase access to breast and cervical cancer early detection and treatment services, to develop effective strategies to improve rescreening

rates among women enrolled in the program, and to implement proven public education and outreach strategies to improve access to screening for women who have rarely or never been screened. Research will continue to develop innovative strategies to ensure timely and high quality clinical services and access to treatment for women with a cancer or precancer diagnosis.

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### For more information or additional copies of this document, please contact:

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion  
Division of Cancer Prevention and Control  
Mail Stop K-64, 4770 Buford Highway, NE, Atlanta, GA 30341-3717  
(770) 488-4751 • Voice Information System 1 (888) 842-6355 • Fax (770) 488-4760  
cancerinfo@cdc.gov • <http://www.cdc.gov/cancer>